

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)  
741124-79

In re Application of Michael HERMANN

Application Number 09/817,797

Filed 03-27-2001

For DEVICE FOR QUANTITATIVE ASSESSMENT OF THE  
ALIGNED POSITION OF TWO MACHINE PARTS, WORKPIECES  
OR THE LIKE

Group Art Unit 2872

Examiner Audrey Y. Chang

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a  
reply in the above identified application.

The requested extension and appropriate entity fee are as follows  
(check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) - (\$60/\$120) \$ \_\_\_\_\_
- ☐ Two months (37 CFR 1.17(a)(2)) - (\$225/\$450) \$ \_\_\_\_\_
- ☒ Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020) \$510.00
- ☐ Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590) \$ \_\_\_\_\_
- ☐ Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160) \$ \_\_\_\_\_

- ☒ Applicant claims small entity status.
- ☐ A check to cover the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this  
application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required,  
or credit any overpayment, to Deposit Account Number 50-2478(741124-79).  
I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be  
included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_

Signature

April 17, 2007

Date

David S. Safran

703 584 3273

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple  
forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

SEND TO: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450